



PUBLIC EMPLOYMENT RELATIONS COMMISSION
 Street: 603 EVERGREEN PLAZA BUILDING - 711 CAPITOL WAY
 Mail: P.O. BOX 40919 OLYMPIA, WASHINGTON 98504-0919
 (360) 753-3444

DO NOT WRITE IN THIS SPACE

**PETITION FOR INVESTIGATION OF
 QUESTION CONCERNING REPRESENTATION**

[] Amended Petition in Case _____ -E- _____

Instructions: See other side of this form.

Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

RECEIVED
 OLYMPIA, WA
 NOV - 3 2004
 PUBLIC EMPLOYMENT
 RELATIONS COMMISSION

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

1. EMPLOYER

STATE PATROL

CONTACT PERSON

SULEET JONES

ADDRESS

210 11B AVE. SW

CITY/STATE

Olympia WA

TELEPHONEZIP 98504-2600
 (360) 753-0268 EXT. FAX (360) 664-0663**ATTORNEY or****REPRESENTATIVE****ADDRESS****CITY/STATE****TELEPHONE**ZIP
 () EXT. FAX ()**2. PETITIONER****CONTACT PERSON**

DENNIS QUINSEY

ADDRESS

7416 SUNSET DR. W

CITY/STATE

University Place WA 98466

TELEPHONE

(253) 620-8022 EXT. FAX (253) 620-8033

ATTORNEY or**REPRESENTATIVE****ADDRESS****CITY/STATE****TELEPHONE**ZIP
 () EXT. FAX ()**3. INCUMBENT BARGAINING REPRESENTATIVE** Indicate:

[] The employees involved are not currently represented for bargaining; or

[x] The employees involved are currently represented by:

ORGANIZATION

WPERA

CONTACT PERSON

MARIA EDWARDS

ADDRESS

P.O. Box 7159

CITY/STATE

Olympia, WA

TELEPHONEZIP 98507
 (360) 943-1121 EXT. FAX (360) 357-7627**ATTORNEY or****REPRESENTATIVE****ADDRESS****CITY/STATE****TELEPHONE**ZIP
 () EXT. FAX ()**4. COLLECTIVE BARGAINING AGREEMENT** Indicate:

[x] There has never been an agreement covering the employees involved; or

[] A copy of the current (or most recent) agreement is attached.

5. SHOWING OF INTEREST A petition filed by an organization or employees must be accompanied by a showing of interest showing that the petitioner has the support of 30% or more of the employees in the bargaining unit.**6. BARGAINING UNIT****a. EMPLOYER'S PRINCIPAL BUSINESS**

STATE PATROL

b. DEPARTMENT OR DIVISION INVOLVED

Facility Management SUPERVISOR

c. DESCRIPTION OF BARGAINING UNIT Indicate inclusions/exclusions, contract page or case/decision number:

SUPERVISORY

d. NUMBER OF EMPLOYEES IN BARGAINING UNIT**7. DESIGNATION OF REQUEST** Indicate:[] **RECOGNITION REQUEST.** The petitioner claims to represent a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit.[] **CHANGE OF REPRESENTATIVE.** The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.[x] **DECERTIFICATION.** The employees in the bargaining unit no longer desire to be represented by any employee organization.[] **EMPLOYER PETITION - DEMAND FOR RECOGNITION.** The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.[] **EMPLOYER PETITION - INCUMBENCY QUESTIONED.** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.**8. OTHER RELEVANT FACTS** Indicate, if applicable:

[] Additional information is set forth on separate sheets attached to this petition form.

9. AUTHORIZED SIGNATURE FOR PETITIONER**NAME (PRINT)**

Dennis Quinsey

SIGNATURE

[Signature]

TITLE

President

DATE

11-3-01